

<b>Case Number:</b>	CM14-0109072		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male with an injury date of 01/06/2014. Based on the 02/19/2014 progress report, the patient has pain in his left wrist, pain in his right thumb, and locking of his right thumb. The 02/12/2014 report indicates that the patient has impairment in getting dressed, putting on shoes and socks, doing homework, and driving. The patient's fingers of his left hand are also swollen. The patient's diagnoses include the following: 1. Left wrist distal radius fracture and ulnar styloid fracture S/P close reduction and pinning. 2. Right thumb trigger. The utilization review determination being challenged is dated 06/25/2014. Treatment reports were provided from 01/22/2014 - 02/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prescription drug, generic, Fluriflex (flurbiprofen/cyclobenzaprine) 180grams for the left wrist.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams. Page(s): 112, 113, 121-122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Topical Analgesics Page(s):.

**Decision rationale:** Based on the 02/19/2014 progress report, the patient complains of having pain in his left wrist, pain in his right thumb, and locking of his right thumb. The request is for a prescription drug generic, Fluriflex (Flurbiprofen/cyclobenzaprine) 180 g for the left wrist. The report with the request was not provided. MTUS states that if one of the components of the compounded product is not recommended, then the entire compound is not recommended. In this case, Cyclobenzaprine is not recommended per MTUS for topical formulation. Therefore, the request is not medically necessary.